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CONFIRMATION NO. 8126

|  |   |  |   |  |                               |                                    |
|--|---|--|---|--|-------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/531,500   | <b>FILING or 371(c)<br/>DATE</b><br>08/22/2006<br><b>RULE</b>   | <b>CLASS</b><br>345                                      | <b>GROUP ART UNIT</b><br>2482   | <b>ATTORNEY DOCKET<br/>NO.</b><br>AB-1423 US |                               |                                    |
| <b>APPLICANTS</b><br>Jin-Woo Hong, Daejon-shi, KOREA, REPUBLIC OF;<br>Seung-Ji Yang, Kangwon-do, KOREA, REPUBLIC OF;<br>Yong-Man Ro, Daejon-shi, KOREA, REPUBLIC OF;<br>Je-Ho Nam, Seoul, KOREA, REPUBLIC OF;<br>Jin-Woong Kim, Daejon-si, KOREA, REPUBLIC OF;<br>Chaon-Seop Kim, Daejon-si, KOREA, REPUBLIC OF; |   |  |   |  |                               |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/KR03/02135 10/15/2003  |   |  |   |  |                               |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>REPUBLIC OF KOREA 10-2002-0063153 10/16/2002   |   |  |   |  |                               |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>09/21/2006   |   |  |   |  |                               |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /HEE-YONG KIM/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>KOREA,<br>REPUBLIC OF  | <b>SHEETS<br/>DRAWINGS</b><br>4              | <b>TOTAL<br/>CLAIMS</b><br>17 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>Haynes and Boone, LLP<br>IP Section<br>2323 Victory Avenue<br>SUITE 700<br>Dallas, TX 75219<br>UNITED STATES   |   |  |   |  |                               |                                    |
| <b>TITLE</b><br>Method and system for transforming adaptively visual contents according to user's symptom characteristics of low vision impairment and user's presentation preferences   |   |  |   |  |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1890   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                               |                                    |